

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

JAN 4

PLACE OF DEATH

County LafayetteTownship LafayetteCity Lafayette (No. 3024)Registration District No. 461Primary Registration District No. 3024

Do not use this space

37014

99

File No.

Registered No.

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or WIFE OF)Alice Kriehn Sturgis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 21 - 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

52426

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Waco Texas

13. NAME

E. A. Sturgis

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manassas

15. MAIDEN NAME

Rosalie P White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

Mrs John K. Sturgis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Lafayette Mo Nov. 19 1933

19. UNDERTAKER (ADDRESS)

Ernest Fegert Lafayette Mo

20. FILED

Nov 18 1933Faye Brill Bates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov 17 1933, to Nov 17 1933I last saw him alive on Nov 17 1933 Death is saidto have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris. Ectopic Coronary Embolism or Nov a sudden dilatation of 17 the heart muscle. 1933

Other contributory causes of importance:

94 B 94 B 93 D

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

J. B. Cape. M. D. Lafayette Mo.

